

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece. 		<p>A. Signature <input checked="" type="checkbox"/> <i>B. Atchinson</i> <i>B. Atchinson</i> <input type="checkbox"/> Agent <input type="checkbox"/> <i>B. Atchinson</i> <i>B. Atchinson</i> <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>B. Atchinson</i> <i>B. Atchinson</i> 12-26-07 <input type="checkbox"/> address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> Enter delivery address below: <input type="checkbox"/> No</p> <p style="text-align: center;"><i>07cv1105</i> <i>POX CM</i></p>	
<p>11111111111111111111</p> <p>Warden Atchinson Autauga Metro Jail 136 North Court Street Prattville, AL 36067</p>		<p>C. Date of Delivery</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

2. Article Number
(Transfer from service label)

7007 1490 0000 0024 7793

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540